



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS OF CARE COMMITTEE MEETING MINUTES

June 3, 2010

Approved
7/1/2010

MEMBERS PRESENT	MEMBERS PRESENT, CONT.	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Carlos Vega-Matos	Miguel Fernandez	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>		Aaron Fox		Glenda Pinney
Mark Davis		Jerry Gates		Craig Vincent-Jones
David Giugni	MEMBERS ABSENT	Jason Wise		
Terry Goddard	Louis Guitron			
Brad Land	Jennifer Sayles (leave)			
Jenny O'Malley				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 6/3/2010
- 2) **Minutes:** Standards of Care Committee Meeting Minutes, 4/1/2010
- 3) **Minutes:** Standards of Care Committee Meeting Minutes, 3/4/2010
- 4) **Minutes:** Standards of Care Committee Effectiveness Subcommittee Meeting Minutes, 3/4/2010
- 5) **Policy:** Standards of Care Policies and Procedures, 5/3/2010
- 6) **Abstract:** Creating a Local Continuum of Care/Prevention that Reflects the Delivery and Purpose of Services, 6/3/2010
- 7) **Abstract:** The Quality Assurance Cycle: Understanding the Grantee's and PC's Roles in Quality Management, 6/3/2010
- 8) **Abstract:** Creating Local Service Report Cards: Using the Balanced Scorecard Approach, 6/3/2010
- 9) **Abstract:** Using Financial Modeling to Improve Local Decision-Making, 6/3/2010
- 10) **Abstract:** Medical Care Coordination: Implementing the Medical Home Concept, 6/3/2010
- 11) **Abstract:** Priority- and Allocation-Setting: Covering all the Bases, 6/3/2010
- 12) **Abstract:** Standards of Care: Creating the Fundamentals for a Service Delivery System, 6/3/2010
- 13) **Abstract:** Better Decision-Making: Using Data in Planning and Quality, 6/3/2010
- 14) **Abstract:** Using Innovative Testing Strategies to Improve Early Diagnosis of HIV and Linkage to Care, 6/3/2010

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:15 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 4/1/2010 Standards of Care Committee and the 3/4/2010 Standards of Care and Standards of Care Effectiveness Subcommittee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. CO-CHAIRS' REPORT:

- Mr. Vincent-Jones reported nine abstracts have been submitted for the All Grantees meeting for seven workshops and two posters. Most pertain to SOC such as the standards of care system, service effectiveness and the continuum of care.
- Notifications of abstract acceptance should be received by July.

8. STANDARDS OF CARE:

- Mr. Vincent-Jones has edited about half of the standards and will hopefully complete them soon.
- The standards will be ready for publication once edited and ancillary documents such as the grievance procedures are revised and/or finalized.
- Boilerplate sections, as previously agreed, will be removed from individual standards and placed in an introductory section.
- Three Special Population Guidelines are done, and an additional five are in draft form ready for reviewer comments. Another seven remain, but the standards publication will not be delayed for them.
- The Committee agreed to publish only on CD and the website if the Quality and Productivity (Q&P) Commission agreed. The Q&P Commission originally funded full physical publication and previous plans were to print them as well, but that has become less useful or cost-efficient as electronic media has become increasingly more prevalent.
- The final copies are hoped to be finished in time to present them at the All Grantees meeting 8/23/2010.

A. **Residential, Transitional Services:** Phil Meyer continues work on combining this standard with Residential, Permanent.

B. **Case Management, Housing:** Ms. Pinney will incorporate additional language expected shortly from Mr. Vega-Matos.

9. EVALUATION OF SERVICE EFFECTIVENESS:

- Mr. Vincent-Jones reported all of the indicators and questions has been identified for the surveys, so they can be completed shortly. Surveys cover ADAP, Oral Health, Medical Outpatient/Specialty (MO), Mental Health (MH), Psychiatry and Health Insurance Premiums/Cost-Sharing (ADAP/Local Drug Programs). Contracts for MH, Psychiatry are all attached to MO. ADAP surveys will also only be sent to those doing ADAP enrollment through MO.
- He is also asking OAPP to write a cover letter, along with the Commission's, to remind providers that they are contractually required to complete the surveys.
- ➡ The draft surveys will be presented at the June Commission meeting.

10. STANDARDS REVIEW POLICIES:

A. Standards of Care Policy and Procedures:

- Mr. Vincent-Jones presented a draft of the document which codifies responsibilities of the Commission and its SOC Committee to develop, revise and monitor standards for compliance. Mr. Vincent-Jones reminded the Committee that it is not only responsible for developing standards of care, but must take steps to ensure that services are implemented consistent with the standards. The definitions would be added shortly.
- The Committee agreed to the following revisions:
 - ⇒ Page 1: Change date from 5/3/2010 to 6/3/2010.
 - ⇒ Page 2-3: Correct step numbering.
 - ⇒ Page 2, Bullet 2: Revise language to clarify that the SOC Committee has the prerogative to adjust the process if more time is needed for a particular standard of care.
 - ⇒ Page 2, Step 3, Expert Review Panels (ERPs), b: Change to "at least one-half of whom are actual providers."
 - ⇒ Page 2, Step 4: Add Oral Health Advisory Committee, the Case Management Task Force and the HIV Mental Health Task Force. Section will clarify that the Commission retains authority for and facilitation of expert review panels which must also meet demographic, ethnic, administrator and consumer representative requirements.
 - ⇒ Page 3, Step 5, Updates, a: After "SOC Committee" add language to address administrative agency's contract issue/re-issue dates.
 - ⇒ Page 3, Step 6, Revisions: Add that requests to revise a standard out of cycle are to be in writing.
 - ⇒ Page 3, Step 7, Monitoring: Add turnaround times as previously agreed with Mary Ortick and include contract review time.
 - ⇒ Page 3, Step 7, Monitoring, b: Change "Staff will..." to "Commission staff will..."
- Mr. Vincent-Jones noted the Assessment of the Administrative Mechanism (AAM) is a separate evaluation of overall functioning of the EMA in allocation disbursement, Grantee consistency with allocations and other subjects as identified. Compliance with standards could be a periodic AAM focus, but monitoring consistency with the standards is an SOC Committee responsibility.
- He added situations like delayed payment of contracts is an AAM subject, e.g., providers did not receive Oral Health contracts until three months after the YR 19 contract year ended and those contract payments were delayed.

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- The Operations Committee is responsible for the AAM which alternates between an overview and a topical subject. Last year's AAM was missed, but the Committee plans to do both this year. The AAM is described in the Part A application. It has not gone further than that in the past, but could go to entities such as HRSA or the Board if needed.
- ➡ Approved with revisions as noted and forward for public comment at the June Commission meeting.

11. **GRIEVANCE POLICY AND PROCEDURES:** Mr. Vincent-Jones said he will aim to have the Grievance policy and procedures available for the July SOC Committee meeting.

12. **MEDICAL CARE COORDINATION (MCC):**

A. **Transitional Advisory Report:**

- Mr. Vega-Matos reported OAPP is working with Donna Yutzy, TA Consultant, to develop standardized assessment forms and protocols with specific information on the referral mechanism and how it interacts with centralized enrollment.
- Feedback has been received from the Medical Outpatient Caucus, the Medical Advisory Committee and a subgroup of nurse case managers. OAPP is also reviewing tools used in other states. Case Management, Medical and Psychosocial assessments are being merged with attention to dovetail assessments with specific MCC performance indicators.
- OAPP is also working with the team developing the Data Management RFP to ensure the ability for as close to real-time data as possible. That will require an interface with provider systems, whether they are Casewatch or other systems.
- County IT has completed Data Management RFP review. OAPP expects to finalize the RFP for release in June. The Data Management provider will be selected and development begun before the new MO and MCC systems are implemented, in order to properly coordinate them. At least some customization will be necessary to meet the County's complex needs.
- Mr. Vega-Matos reported that MO RFP proposals for SPAs 2-8 were due the following week and will then be processed. Selected providers will implement contracts in stages as negotiated with the providers to ensure coordination.
- ➡ Mr. Vega-Matos will present to the Commission on MCC implementation once the stages have been developed.

13. **ACTIVITY UPDATES:** This item was postponed.

14. **COMMITTEE WORKPLAN:** This item was postponed.

15. **AETC REPORT:**

- Dr. Gates reported that the Pacific AETC should hear results of the 5-year competitive cycle by the end of June 2010.
- It is not known whether there will be any re-allocation of funds. There are usually 11 applications, but this year there were 13, including two from new areas about which little is known. The total amount of funds will remain the same.
- HRSA has used American Indian/Native American (AI/NA) and border funds to supplement AETCs in the past. AI/NA will not be used for AETC this year, but some border funds may be used toward the end of the year. All are at HHS discretion.
- Dr. Gates anticipated that the emphasis will be on core activities and Minority AIDS Initiative (MAI) at USC and UCLA. UCI is also part of this southern California group, but is more dependent on AI/NA funds.
- Dr. Younai said the SOC Committee would like to re-emphasize the role of AETCs in countywide community training, e.g., much OAPP training could be combined with AETC training. Better coordination could leverage available training funds.
- Dr. Gates noted USC, UCLA and the new Drew AETC group are doing more coordinated work. He emphasized they have their own scopes of work, but are often asked to address new issues like prevention and testing collectively.
- Such new initiatives can be valuable, but need to be coordinated so as not to overlap efforts of other groups. AETCs also need to ensure suitable funding rather than simply absorb unfunded activities or assume defunded programs.
- He noted USC has had a successful HIV fellowship for five years. They are now developing the first HIV correctional fellowship in the country with the Sheriff's Department, with Sheriff's Department funding. They have found many other groups are also working in the jails, so coordination is a key focus.
- Mr. Vega-Matos said Dr. Sayles, Medical Director, OAPP, is now in charge of training and capacity building at OAPP. Coordination of these activities with other groups is a high priority for her.
- ➡ Dr. Gates will coordinate a presentation on the work of the Drew, USC and UCLA AETCs to the Commission in the fall.

16. **NEXT STEPS:** There was no additional discussion.

17. **ANNOUNCEMENTS:** Dr. Sayles had a healthy baby girl and is on maternity leave.

18. **ADJOURNMENT:** The meeting was adjourned at 11:35 am.